

STUDENT TRANSPORTATION REQUEST

For all students eligible for bussing

Student Name _____
Address _____
School _____ Grade _____
Parent/Guardian _____ Phone _____ Date _____
(Signature)
Email _____

COMPLETE BOTH SECTION'S BELOW

SECTION 1

For transportation to school, my child is to be picked up from the closest bus stop to:

CHECK ONE: Home address _____
Other address _____

I will **NOT** be utilizing bus transportation _____

*If other address please specify below (*must be a regularly scheduled route stop*)

Name _____
(Babysitter, Daycare, Relative)

Address _____

Phone _____

SECTION 2

After school, my child is to be dropped off at the closest bus stop to:

CHECK ONE: Home address _____
Other address _____

I will **NOT** be utilizing bus transportation _____

*If other address please specify below (*must be a regularly scheduled route stop*)

Name _____
(Babysitter, Daycare, Relative)

Address _____

Phone _____